

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

# IN UNIT	AFDC RELATED	PREGNANT WOMEN AND INFANTS UNDER AGE 1	CHILDREN UNDER AGE 6	CHILDREN BORN AFTER 9/30/83	SSI RELATED	Special Income Standard under 42CFR §435.231 NFs, ICF/MRs, ICF/IMDs & HCBS Waivers	Special Income Standard under 42CFR §435.231 Hospitals	Optional State Supplement
1	\$201	185% FPL	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	SSI + \$140
2	\$270	185% FPL	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	
3	\$338	185% FPL	133% FPL	100% FPL				
4	\$407	185% FPL	133% FPL	100% FPL				
5	\$475	185% FPL	133% FPL	100% FPL				
6	\$544	185% FPL	133% FPL	100% FPL				
7	\$612	185% FPL	133% FPL	100% FPL				
Each Addi	\$69	185% FPL	133% FPL	100% FPL				

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Delaware

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	***
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____
<u>6</u>	\$ _____
<u>7</u>	\$ _____
<u>8</u>	\$ _____
<u>9</u>	\$ _____
<u>10</u>	\$ _____

***Income levels not specified, under agreement with HCFA to reduce unnecessary paperwork of annual revisions, when percentage stated automatically defines the income level.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI)
of the Act. (Children who have attained age 1 but have not
attained age 6.)

 Same as resource levels in the State's approved AFDC plan.

 X Less restrictive than the AFDC level and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>0</u>
<u>2</u>	<u>0</u>
<u>3</u>	<u>0</u>
<u>4</u>	<u>0</u>
<u>5</u>	<u>0</u>
<u>6</u>	<u>0</u>
<u>7</u>	<u>0</u>
<u>8</u>	<u>0</u>
<u>9</u>	<u>0</u>
<u>10</u>	<u>0</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE (N/A)

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Delaware (N/A)

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

 Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/> urban only		435.1007 ^{1/}		435.1007 ^{1/}
<input checked="" type="checkbox"/> urban & rural				
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$

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_For each
addi-
tional
person,
add:
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17 The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. SP-302

Supersedes

TN No. SP-250*

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DEC 18 1992

Effective Date

0 1 1392

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*Information previously on Page 5.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Delaware (N/A)

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input checked="" type="checkbox"/>	urban only			
<input checked="" type="checkbox"/>	urban & rural			
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

For each
addi-
tional
person,
add: \$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. SP-302
Supersedes SP-250* Approval Date DEC 18 1992 Effective Date JUL 01 1992
TN No. _____

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*Information previously on Page 5.